

# BREL International

## Credit Card Purchase Order

*Instructions Please fill out FORM, then SIGN and FAX back to 941-758-7556*

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PO Number or attach PO if applicable: \_\_\_\_\_

Company: \_\_\_\_\_

Buyer: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

| Item P/N | Description | Qty | Unit Cost        | Sub Total |
|----------|-------------|-----|------------------|-----------|
|          |             |     |                  |           |
|          |             |     |                  |           |
|          |             |     |                  |           |
|          |             |     |                  |           |
|          |             |     | <b>Sub Total</b> |           |

\*Applicable Sales Tax for FL orders, unless exempt: \_\_\_\_\_  
(Requires Certificate of Exemption with order)

**Total** (Not including shipping): \_\_\_\_\_

Requested Delivery Date: \_\_\_\_\_

Ship To: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Bill To (Credit Card Holder's billing address): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Shipping Method: \_\_\_\_\_ If Collect-Account: \_\_\_\_\_

Credit Card: \_\_\_\_\_ **VISA** \_\_\_\_\_ **MASTERCARD** \_\_\_\_\_ **AMEX** \_\_\_\_\_ **OTHER** \_\_\_\_\_

\_\_\_\_\_ **Personal** \_\_\_\_\_ **Corporate**                      \*CVV2: \_\_\_\_\_

Account Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Authorized User's Name: \_\_\_\_\_

Authorized User's Signature: \_\_\_\_\_

*A copy of the invoice transaction record will be sent with the shipment.*